

STUDENT NUMBER

# ADMISSION FORM

IMPORTANT: Use BLOCK CAPITALS only | Incomplete forms will be rejected Please return this form to Madrasah Office between MON – FRI – 5.00pm – 7.00pm

## SECTION ONE - CHILDS DETAILS

<b>SURNAME</b>	<b>FIRST NAME</b>	<b>GENDER</b>	M <input type="checkbox"/> F <input type="checkbox"/>	<b>AGE</b>	
<b>ADDRESS</b>			<b>DATE OF BIRTH</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	London			<b>POST CODE</b>	<b>HOME TEL NUMBER</b>

## SECTION TWO - PARENTS/CARERS DETAILS

<b>FATHERS' SURNAME</b> <small>(Leave blank, if same as child)</small>	<b>MOTHERS' SURNAME</b> <small>(Leave blank, if same as child)</small>
<b>FATHERS' FIRST NAME</b>	<b>MOTHERS' FIRST NAME</b>
<b>FATHERS' MOBILE NUMBER</b>	<b>MOTHERS' MOBILE NUMBER</b>
<b>FATHERS' E MAIL ADDRESS</b>	<b>MOTHERS' E MAIL ADDRESS</b>
<b>GUARDIANS SURNAME</b> <small>(Leave blank, if same as child)</small>	<b>GUARDIANS FIRST NAME</b>

## SECTION THREE – EMERGENCY CONTACT DETAILS

<b>SURNAME</b>	<b>FIRST NAME</b>	<b>CONTACT NUMBER</b>
<b>SURNAME</b>	<b>FIRST NAME</b>	<b>CONTACT NUMBER</b>

## SECTION FOUR - CURRENT OR PREVIOUS MADRASAH HISTORY (LIST TWO MOST RECENT ONLY)

<b>Has your child previously attended Madrasah or received private tuition?</b>	<b>NUMBER 1 - Name of Madrasah</b> <small>(or name of teacher, if private tuition)</small>	<b>ADDRESS</b>	<b>FROM</b>	<b>TO</b>
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <small>(If NO, go to section five)</small>			<b>CONTACT NO OF MADRESAH/TEACHER</b>	
			<b>POST CODE</b>	

Reason for leaving current Madrasah/private tuition: Tick (all) appropriate box/es.

House move     Unhappy with quality of teaching     Fees too high     Exclusion     Other (please specify)

<b>PLEASE NOTE ALL APPLICATIONS WILL BE SUBJECT TO REFERENCE CHECKS WITH PREVIOUS TEACHER/S OR MADRASAH.</b>	<b>NUMBER 2 - Name of Madrasah</b> <small>(or name of teacher, if private tuition)</small>	<b>ADDRESS</b>	<b>FROM</b>	<b>TO</b>
<b>INTENTIONALLY WITH HOLDING OR SURPRESSING INFORMATION WILL INVALIDATE APPLICATION</b>			<b>CONTACT NO OF MADRESAH/TEACHER</b>	
			<b>POST CODE</b>	

Reason for leaving Madrasah/private tuition: Tick (all) appropriate box/es.

House move     Unhappy with quality of teaching     Fees too high     Exclusion     Other (please specify)

## SECTION FIVE - CURRENT STUDIES

<b>Has the child completed AHSANUL QAWAID or similar?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Page Number _____ <small>If NO, please state number of pages completed</small>	<b>How many kalimahs does the child know by memory?</b>
<b>Has the child completed AMMA para?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Page Number _____ <small>If NO, please state number of pages completed</small>	<b>How many surahs does the child know by memory?</b>
<b>Has the child completed HAFTI (5 Juz)?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Juz Completed _____ <small>If NO, please state number of JUZ completed</small>	<b>List ALL major kitabs (books) the child has completed;</b>
<b>Has the child completed THE HOLY QUR'AN?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Juz completed _____ <small>If NO, please state number of JUZ completed</small>	
<b>Is this an application to join HIFZ class?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> Juz completed _____	

## SECTION SIX – MEDICAL, DISABILITY AND SPECIAL NEEDS

NAME OF GP	SURGERY ADDRESS	SURGERY TELEPHONE NUMBERS/S
DR	LONDON <b>POST CODE</b>	020

### Does your child suffer from any of the following? Tick (all) applicable box/es

Mobility impairment (eg wheelchair user)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>	Learning difficulties	YES <input type="checkbox"/> NO <input type="checkbox"/>
Deaf/hearing impairment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Blind/visual impairment	YES <input type="checkbox"/> NO <input type="checkbox"/>	Unseen impairment (eg diabetes, epilepsy, heart disease)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Dyslexia	YES <input type="checkbox"/> NO <input type="checkbox"/>	Autism (eg Asperger's syndrom)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Mental Health	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Does your child have Special Educational Needs?</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Is your child registered disabled under DDA 1995?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you have answered "YES" to any of the above, please provide details

## SECTION SEVEN – ADDITIONAL INFORMATION

**What is your ethnicity? Please select ONLY one box**

AFGHANI	BRITISH (CONVERTS)	ARAB - N/AFRICA	BANGLADESHI	INDIAN	NIGERIAN	PAKISTANI	SOMALIAN	OTHER , please specify below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Is this child fostered/adopted?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Does any sibling attend this Madrasah?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> (If Yes, state their student number(s) below)	<b>What is the Child's mother tongue?</b>
<b>Are you a single parent?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Which school does your child attend?</b>	
<b>Which School of Thought do you follow?</b>		Hanafi <input type="checkbox"/>	Hambali <input type="checkbox"/>
		Maliki <input type="checkbox"/>	Shafi <input type="checkbox"/>
		Other please specify	

I wish to have child whose name appears in section one, to be admitted to MTQ. I confirm all statements made in this application is TRUE. If my application is successful, I agree to abide by ALL the points stated in the Rules and Regulations document dated **2013**.

**Name.....Sign.....Date.....Relationship to child.....**

**Important Notes:**

- 1) Submission of this form does not guarantee a place in the Madrasah. You may withdraw your application at any time.
- 2) You will be informed, when a place becomes available in writing.
- 3) If your address or telephone contact details changes before we contact you please notify us in writing.
- 4) Upon a place being offered, parents will be required to attend a meeting with our head teacher
- 5) Admission is subject to six months probationary from date of start.
- 6) By signing this form, you consent MTQ, to inform you of important announcements and marketing material by e mail, SMS and any other appropriate medium. If you wish to opt out of this service, please inform MTQ in writing.